

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 — 0 0 6

2. STATE:

HAWAII

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)
MEDICAL ASSISTANCETO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

11/01/02

5. TYPE OF PLAN MATERIAL (Check One):

☒ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1905(r); 42 CFR 440.130

7. FEDERAL BUDGET IMPACT:

a. FFY 03 \$5,000,000 to 6,000,000
b. FFY 04 \$5,000,000 6,000,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement to Attachment 3.1-A and 3.1-B,
pages 1, 1.1, 1.3, 1.3, 1.4, and 1.5

Attachment 4.19B, page 5.7

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Supplement to Attachment 3.1-A and 3.1-B,
page 1 and 1a

10. SUBJECT OF AMENDMENT:

SCHOOL BASED HEALTH RELATED SERVICES

11. GOVERNOR'S REVIEW (Check One):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
AS APPROVED BY GOVERNOR

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Patricia Murakami

14. TITLE:

Acting Director

15. DATE SUBMITTED:

12/27/02

16. RETURN TO:

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
MED-QUEST DIVISION
P. O. BOX 700190
KAPOLEI, HI 96709-0190**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

12/30/02

18. DATE APPROVED:

JAN 25, 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

10/1/02

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Linda Minamoto

22. TITLE:

Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS:

Block 4 amended at request of State.
Blocks 6 and 7b entered at request of State.

1. The utilization control committee of an acute hospital facility shall determine the medical necessity for admission and continued stay for all recipients. Extension of hospital stay shall be requested when a patient is awaiting placement in a long-term facility. Psychiatric inpatient care is limited to 40 days per calendar days.
- 2a. Outpatient psychiatric services are limited to one-hour individual and two-hour group therapy sessions. The number of visits are limited to 24 individual or 24 group therapy visits within a 12-month period or a combination of 6 individual and 24 group therapy visits or 6 group therapy and 24 individual visits within 12 months. Approval of a second and subsequent request shall be based on the severity of the patient's illness.
- 2c. FQHC services are congruent with the general scope and limitations to services of Hawaii's Medicaid Program.
3. Payment for laboratory services made only for tests performed by standard procedures and techniques commonly accepted by the medical community.
- 4a. Authorization by the Department's medical consultant is required for level of care and admission to a NF.
- 4b. All services listed under section 1905(a) of the Social Security Act are available to EPSDT eligible individuals if the services are medically necessary, even though the services are not covered in this plan. The services not covered in this plan but which are available to EPSDT eligible individuals are as follows:
 - ♦ Chiropractor services
 - ♦ Private duty nursing
 - ♦ Personal care
 - ♦ Case management services

Furthermore, any limits on services or treatment found in this plan are not applicable to EPSDT eligible individuals.

School-Based Health-Related Services (SBHRS):

School-based health-related services (SBHRS) are services that are medically necessary and otherwise reimbursable hereunder and are provided by or through the Hawaii Department of Education (DOE) to public school and charter school students who are eligible for medical

TN No. 02-006

Supersedes

TN No. 93-010

Approval Date: JUL 25 2003 Effective Date: 10/01/02

assistance and have special needs pursuant to IDEA and are included in each child's Individualized Education Plan (IEP).

SBHRS are defined below:

Direct care providers of SBHRS employed by or contracted by the Department of Education (DOE) must meet all Medicaid provider qualifications in order for the SBHRS that is claimed to be determined Medicaid reimbursable.

If any service is provided under the supervision of a qualified provider, the following specifications must also be met:

There must be a supervising professional who meets all the service specific professional standards under Federal and state law and is affiliated with the entity providing the services (e.g., the school). The supervising professional must see the student initially, prescribe the type of care provided, periodically review the need for the continued services, and subsequently see the student at least once annually (twelve-month interval). The supervising professional must assume responsibility for the services provided and assure that such services are medically necessary. The supervising professional should co-sign the progress notes used for Medicaid billing.

For the qualified professional to be affiliated with a school district, there must be a contractual agreement or some type of formal arrangement between the supervising professional and the school district by which the supervising professional is legally bound to supervise the school's district patients.

Physical Therapy, Occupational Therapy, and Speech Language Therapy Services: Therapy services are provided by:

- ◆ A physical therapist (PT) licensed to practice in the state of Hawaii. All physical therapists providing services or supervising the provision of physical therapy services will, at a minimum meet the Federal requirements of 42 C.F.R. §440.110(a)(2);
- ◆ Physical therapy assistant (PTA) with an associate degree in a two-year, American physical therapy association approved, college program for physical therapist and working under the supervision of a licensed and Federally qualified physical therapist;

TN No. 02-006
Supersedes
TN No. 93-010

Approval Date: JUL 25 2003 Effective Date: 10/01/02

- ◆ Occupational therapist registered (OTR) who is registered and licensed to practice in the State of Hawaii. Occupational therapist will meet the Federal requirements at 42 C.F.R. §440.110(b)(2);
- ◆ Certified occupational therapy assistant (COTA) who is a graduate of an accredited occupational therapy assistance program recognized by the American Medical Association and American Occupational Therapy Association with an Associate Degree of Science in Occupational therapy, successfully completed supervised fieldwork, has certification from the National Board for Certification in Occupational Therapy (NBCOT), and works under the supervision of a licensed and Federally qualified OTR;
- ◆ Speech pathologist Licensed to practice in the State of Hawaii and meets the Federal provider requirements at 42 C.F.R. §440.110(c). Providers or speech language therapy services will meet the Federal provider requirements at 42 C.F.R. §440.110(c)(2);
- ◆ Communication aide to meet the specific needs of an eligible student. Communication aides are paraprofessional equivalents of speech pathologists. The communication aide must have a high school degree and general and special experience recognized by the DOE. All or part of general experience may be substituted for by education in programs of Associate of Science in Teacher's Aid or possession of an Associate of Science degree in Teacher's Aid from an accredited community college or possession of a bachelor's degree in education or equivalent from an accredited college or university or possession of a bachelor's degree in speech pathology as specified by the DOE and working under the supervision of a licensed and Federally qualified speech pathologist that meets the requirements of 42 C.F.R. §440.110. Communication aides do therapy under the supervision of the speech pathologist. They are not hired to do audiology services. They do not teach Braille or sign language. The qualified speech pathologist must see the student initially, prescribe the type of care provided, review the need for continued services throughout treatment, and see the student at least annually. The speech pathologist must assume professional responsibility for the services provided and ensure that the services are medically necessary. The qualified speech pathologist must spend as much time as

TN No. 02-006

Supersedes

TN No. 93-010Approval Date: JUL 25 2003 Effective Date: 10/01/02

necessary directly supervising services to ensure the student is receiving services in a safe and efficient manner in accordance with accepted standards of medical practice. Documentation must be kept supporting the speech pathologist's supervision of services and ongoing involvement in the treatment.

Physical therapy, Occupational therapy, and Speech language therapy services include evaluations, re-evaluations, assessments, or re-assessments that result in the provision of IEP services.

Physical therapy, Occupational therapy, and Speech language therapy services are provided to facilitate a child's achievement of the goals and objectives delineated in the IEP. Intervention may be delivered through individual and/or group therapy.

Other services included under Physical Therapy, Occupational Therapy, and Speech Language Therapy Services are:

1. **Assistive Technology Device Services:** Only supplies and equipment necessary for the provision of physical therapy, occupational therapy and speech and language services will be covered.

Assessments, evaluations or re-evaluations, re-assessments are included when they result in the provision of IEP services.

2. **Assistive Technology Device Therapy:** Assistive technology device therapy Services are services provided in connection with the physical therapy, occupational therapy, and speech therapy as required by 42 C.F.R. §440.110. Assistive technology device therapy includes:

- ◆ The evaluation of the needs of a student with a disability, including a functional evaluation of the student in the student's customary environment;
- ◆ Assessments, evaluations or re-evaluations, re-assessments are included and results in the provisions of IEP services.
- ◆ Coordinating and using other therapies, interventions, or services with assistive technology devices such as those associated with existing education and rehabilitation plans and programs; and

TN No. 02-006

Supersedes

TN No. 93-010

Approval Date: JUL 25 2003 Effective Date: 10/01/02

- ◆ Training or technical assistance for a student with a disability or as appropriate, that student's family.

Services must be provided by or under the direction of: speech therapist or audiologist licensed to practice in the State of Hawaii who meet the Federal requirements at 42 CFR 440.110(c); physical therapists licensed to practice in the State of Hawaii who meet the Federal provider requirements at 42 C.F.R. 440.110(a); and occupational therapists licensed in the State who meet the Federal requirements of 42 C.F.R. §440.110(b).

Hearing, Audiology, and Language Services: Includes both articulation and language therapy in either individual or group settings. Audiologist or speech pathologist must be licensed to practice in the State of Hawaii and meet the Federal provider requirements at 42 C.F.R. §440.110(c).. Assessments, evaluations or re-evaluations, re-assessments are included and results in the provisions of IEP services.

Nursing Services: Direct service interventions that are medically based and within the scope of professional practice of a registered nurse or licensed practical nurse, who are licensed to practice in the State of Hawaii, such as catheterization, suctioning, medication management, equipment associated with nursing services, and DME's such as oxygen concentrator suctioning machines. Direct nursing services are provided face-to-face and are generally provided on a one-to-one basis. These services are being provided in accordance with the requirements in 42 C.F.R. § 440.130(d).

Behavioral Health Services: A behavioral health service includes the provision of counseling for children. All services must be for the direct benefit of the child and includes individual, group, and family therapy. Assessments, evaluations or re-evaluations, re-assessments are included and results in the provisions of IEP services. These services are covered in accordance with the requirements in 42C.F.R § 440.130. Behavioral health services are provided by licensed social workers, psychologist, and psychiatrist licensed to practice in the State of Hawaii.

TN No. 02-006

Supersedes

TN No. 93-010

Approval Date: JUL 25 2003 Effective Date: 10/01/02

4c. The limitation on family planning are:

- 1) Hysterectomies are not covered when performed solely to render the person incapable of reproducing.

The individual under going a hysterectomy must be informed by the physician, prior to the procedure that the hysterectomy will render the individual incapable of reproducing. A signed acknowledgement is required.

- 2) Sterilizations are not authorized for any person under age 21 years; institutionalized; or mentally incompetent. Informed consent shall be obtained prior to a sterilization procedure.

Following the consent, the procedure may not be performed before 30 days and no later than 180 days. Some exceptions to this time limitation are allowed, i.e., premature delivery, and abdominal surgery.

5a. Physicians' services are limited to two visits a month for patients in NF except for acute episodes. Physician services do not extend to procedures or services considered to be experimental or unproven as determined by Medicare.

5b. Periodontic treatment is limited to cases of medical necessity, includes in the procedure, post operative care for six months following treatment and recall treatment limited to three times a year. Prior authorization and a medical report is required. Osseous and mucogingival surgeries, grafts and implants are considered elective and are non-covered services.

Consultation and dental surgery are provided with the following limitations:

- 1) Routine post operative visits shall be considered part of the total surgical procedure and shall not be separately compensable; and
- 2) Vestibuloplastys, skin grafts, bone grafts, and metal implants shall not be covered except for fractured jaws.

TN No. 02-006

Supersedes

TN No. 95-007

Approval Date: JUL 25 2002 Effective Date: 10/01/02

			<ul style="list-style-type: none"> • services within the established fee schedule • Rate will not exceed Medicare's upper limit of reimbursement • Rate will be reevaluated at a minimum of once every two years for its cost basis and allowability
--	--	--	---

q. Medicaid reimbursement for school-based health-related services (SBHRS) is available to the Department of Education (DOE) under an interagency service agreement (ISA) with the Med-QUEST Division. The ISA provides that the DOE is responsible for:

1. Payment of the state share of Medicaid reimbursement for SBHRS provided by or through the DOE;
2. Documenting the delivery of SBHRS as required by the Med-QUEST Division;
3. Supervising or overseeing the delivery of SBHRS; and
4. Otherwise complying with all applicable Federal and State requirements.

The DOE will be reimbursed on a fee-for-service basis. Each service that is reimbursable as a SBHRS will be reimbursed in accordance with the fee schedule maintained by the Med-QUEST Division for medical services rendered by authorized Medicaid providers.

Note: The Hawaii Medicaid fee schedule has separate rates for group therapy and individual therapy.

r. Payments to a facility for non-emergency care rendered in an emergency room shall not exceed:

1. The rate negotiated by the Department;
2. Seventy-five per cent of billed charges; or

TN No. ~~01-010~~ 02-006 *WR*
 Supersedes 01-004 Approval Date: JUL 25 2003 Effective Date: 07/01/01
 TN No. 01-004

3. Medicare's upper limit of payment.

The payment to an emergency room physician for the screening and assessment of a patient who receives non-emergency care in the emergency room shall not exceed the payment for a problem focused history, examination, and straightforward medical decision making.

- s. The upper limits on payments for all noninstitutional items and services shall be established by the department in accordance with section 346-59, HRS, and other applicable state statutes.

4. PAYMENT FOR CERTAIN OTHER NON-INSTITUTIONAL ITEMS AND SERVICES:

a. Payment for prescribed drugs:

1. For single source drugs, shall not exceed the lower of:

- A. The billed charged;
- B. The provider's usual and customary charge to the general public; or
- C. The estimated acquisition cost (EAC) or the average wholesale price (AWP) when the AWP is the average selling price, plus a reasonable dispensing fee.

2. For multiple source drugs, shall not exceed the lower of:

- A. The billed charges;
- B. The provider's usual and customary charge to the general public;
- C. The estimated acquisition cost (EAC) or the average wholesale price (AWP) when the AWP is the average selling price, plus a reasonable dispensing fee.
- D. The Federal Upper Limit (FUL) price plus a reasonable dispensing fee; or
- E. The State Maximum Allowable Cost (MAC) plus a reasonable dispensing fee.

TN No. 01-010 02-006 *WRS*
 Supersedes 01-004 Approval Date: JUL 25 2003 Effective Date: 07/01/01
 TN No. 01-004